

Exhibit A

From: [Jesse Rockoff](#)
To: uscis.foia@uscis.dhs.gov
Subject: Track III FOIA request - Hussam RAJAB
Date: Thursday, July 25, 2019 6:26:11 PM
Attachments: [CIS FOIA.pdf](#)

Please see attached G-28, G-639, and EOIR hearing notice in connection with a Track III FOIA request for Hussam RAJAB, A207-782-786. Please process this request as quickly as possible since Mr. Rajab is detained at government expense.

Best regards,

Jesse Rockoff
Staff Attorney, Brooklyn Defender Services
156 Pierrepont Street, Brooklyn, NY 11201
Desk: +1 (718) 254-0700 x283
Cell: +1 (347) 675-8841
Fax: +1 (347) 823-1183
E-mail: jrockoff@bds.org



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

**DHS
Form G-28**
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
 2.b. Given Name (First Name)
 2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
 3.c. City or Town
 3.d. State 3.e. ZIP Code
 3.f. Province
 3.g. Postal Code
 3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
 5. Mobile Telephone Number (if any)
 6. Email Address (if any)
 7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
9. Client's Alien Registration Number (A-Number) (if any)

Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

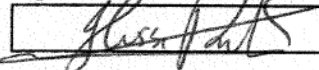
- 1.a. ☒ I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

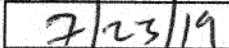
NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☒ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

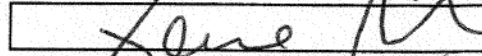
➔ 

- 2.b. Date of Signature (mm/dd/yyyy) 

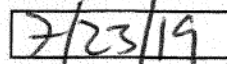
Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



- 1.b. Date of Signature (mm/dd/yyyy)



- 2.a. Signature of Law Student or Law Graduate



- 2.b. Date of Signature (mm/dd/yyyy)





Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-639
OMB No. 1615-0102
Expires 06/30/2022

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.

► **START HERE - Type or print in black ink.**

Part 1. Type of Request

Select **only one** box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)
1.b. ☐ Amendment of Record (PA only)

Part 2. Requestor Information

1. Are you the Subject of Record for this request?
☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, skip to **Part 3.** If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2., Item Numbers 2.a. - 3.c.**

Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

- 2.a. ☒ An Attorney
2.b. ☐ An Accredited Representative of a Qualified Organization
2.c. ☐ A Family Member

Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.

- 3.a. ☐ I am requesting information on behalf of my child or a minor I have guardianship over.
3.b. ☐ I am requesting information on behalf of someone who is deceased.
3.c. ☒ I am requesting information on behalf of someone for whom I have power of attorney.

G-20 Attorney of record

Requestor's Full Name

- 4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

Requestor's Mailing Address

- 5.a. In Care Of Name (if any)
5.b. Street Number and Name
5.c. ☐ Apt. ☐ Ste. ☐ Flr.
5.d. City or Town
5.e. State 5.f. ZIP Code
5.g. Province
5.h. Postal Code
5.i. Country

Requestor's Contact Information

6. Requestor's Daytime Telephone Number
7. Requestor's Mobile Telephone Number (if any)
8. Requestor's Email Address (if any)

Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

- 9.a. Requestor's Signature
9.b. Date of Signature (mm/dd/yyyy)

Part 3. Description of Records Requested

While you are not required to respond to every **Item Number** in **Part 3**, failure to provide complete and specific information may delay processing of your request or prevent U.S. Citizenship and Immigration Services (USCIS) from locating the records or information requested.

1. State the purpose of your request.

NOTE: This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.

See Part 6.

Full Name of the Subject of Record

- 2.a. Family Name (Last Name) **RAJAB**
- 2.b. Given Name (First Name) **Hussam**
- 2.c. Middle Name **Zuhir**

Other Names Used by the Subject of Record (if any)

Provide all other names the Subject of Record has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

- 3.a. Family Name (Last Name) **RAJAB**
- 3.b. Given Name (First Name) **Hussam**
- 3.c. Middle Name **Zuhair**
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Full Name of the Subject of Record at Time of Entry into the United States

- 5.a. Family Name (Last Name) **RAJAB**
- 5.b. Given Name (First Name) **Hussam**
- 5.c. Middle Name **Zuhir**

Other Information About the Subject of Record

- 6.a. Form I-94 Arrival-Departure Record Number
▶
- 6.b. Passport or Travel Document Number
7. Alien Registration Number (A-Number) (if any)
▶ A- **2 0 7 7 8 2 7 8 6**
8. USCIS Online Account Number (if any)
▶
9. Application or Petition Receipt Number
▶

Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Member 1

- 10.a. Family Name (Last Name) **MALLARI**
- 10.b. Given Name (First Name) **Maria**
- 10.c. Middle Name
11. Relationship

Family Member 2

- 12.a. Family Name (Last Name) **RAJAB**
- 12.b. Given Name (First Name) **Mohammad**
- 12.c. Middle Name
13. Relationship

Parents' Names for the Subject of Record**Father**

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 14.c. Middle Name

Part 3. Description of Records Requested
(continued)**Mother**15.a. Family Name (Last Name) 15.b. Given Name (First Name) 15.c. Middle Name 15.d. Maiden Name (if applicable)
16. Describe the records you are seeking. If you need additional space, use the space provided in **Part 6. Additional Information.**See Part 6.**Part 4. Verification of Identity and Subject of Record Consent**Provide the information requested in **Item Numbers 1.a. - 7.** In addition, the Subject of Record **MUST** sign in **Item Numbers 8.a. - 8.c.****Full Name of the Subject of Record**1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name **Other Information for the Subject of Record**2. Date of Birth (mm/dd/yyyy) 3. Country of Birth
Mailing Address for the Subject of Record4.a. In Care Of Name (if any)
4.b. Street Number and Name 4.c. ☐ Apt. ☐ Ste. ☐ Flr. 4.d. City or Town 4.e. State 4.f. ZIP Code 4.g. Province 4.h. Postal Code 4.i. Country
Contact Information for the Subject of Record**NOTE:** Providing this information is optional.5. Daytime Telephone Number
6. Mobile Telephone Number (if any)
7. Email Address (if any)

Part 4. Verification of Identity and Subject of Record Consent (continued)**Signature of the Subject of Record**Select **only one** box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

8.a. ☐ Notarized Affidavit of Identity

IMPORTANT: Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

Signature of Subject of Record_____
Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____
day of _____ in the year _____.

Daytime Telephone Number _____

Signature of Notary_____
My Commission Expires on (mm/dd/yyyy)**8.b. ☒ Declaration Under Penalty of Perjury**

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

Signature of Subject of Record7/23/19

Date of Signature (mm/dd/yyyy)**8.c. ☐ Deceased Subject of Record****Part 5. Processing Information**

1. Indicate if any of these circumstances apply to your request (Select all that apply).

- ☐ Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
- ☐ An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
- ☐ The loss of substantial due process rights.
- ☐ A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

2. Do you have a pending Immigration Court hearing date?

☒ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.

Part 6. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Type or print the Subject of Record's name and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Subject of Record's Family Name (Last Name)

~~FOIA(b)(7)(C)~~ RAJAB

1.b. Subject of Record's Given Name (First Name)

~~FOIA(b)(7)(C)~~ HUSSAM

1.c. Subject of Record's Middle Name

~~FOIA(b)(7)(C)~~ Zuhir

2. Subject of Record's A-Number (if any)

▶ A- 2 0 7 7 8 2 7 8 6

3.a. Page Number 3.b. Part Number 3.c. Item Number

2 3 1

3.d. All records on subject, incl. "A"

file, all emails, worksheets, notes,
database entries, & interview records,
incl. asylum officer notes per the
Martins v USCIS settlement and records
of notes taken during any interview of
subject by any officer of DHS,
including by HSI, & including during
visits to subject's home.

4.a. Page Number 4.b. Part Number 4.c. Item Number

3 3 16

4.d. All records on subject, incl. "A"

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database entries, & interview records,
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Martins v USCIS settlement and records
of notes taken during any interview of
subject by any officer of DHS,
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visits to subject's home.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

NOTICE OF HEARING IN REMOVAL PROCEEDINGS
IMMIGRATION COURT
201 VARICK ST., RM 1140
NEW YORK, NY 10014

Handwritten:
\$1000 PI + Bond
30
Applicant
net.

RE: RAJAB, HUSSAM ZUHIR
FILE: A207-782-786

DATE: Jul 25, 2019

TO:

RAJAB, HUSSAM ZUHIR
HUDSON COUNTY JAIL
30-35 HACKENSACK AVENUE
KEARNY, NJ 07032

Please take notice that the above captioned case has been scheduled for a Master/Individual hearing before the Immigration Court on 8/15/19 at 1:30 at

201 VARICK ST., RM 1140
NEW YORK, NY 10014

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions:

- 1) You may be taken into custody by the Department of Homeland Security and held for further action.
- 2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT NEW YORK, NY THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A List of Free Legal Service Providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 OR 240-314-1500.

ALIEN NUMBER: 207-782-786

NAME: RAJAB, HUSSAM ZUHIR

LIMITATIONS ON DISCRETIONARY RELIEF FOR FAILURE TO APPEAR

- () 1. You have been scheduled for a removal hearing, at the time and place set forth on the attached sheet. Failure to appear for this hearing other than because of exceptional circumstances beyond your control** will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. below) for a period of ten (10) years after the date of entry of the final order of removal.
- () 2. You have been scheduled for an asylum hearing, at the time and place set forth on the attached notice. Failure to appear for this hearing other than because of exceptional circumstances beyond your control** will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for a period of ten (10) years from the date of your scheduled hearing.
- () 3. You have been granted voluntary departure from the United States pursuant to section 240B of the Immigration and Nationality Act, and remaining in the United States beyond the authorized date will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for ten (10) years from the date of the scheduled departure. Your Voluntary departure bond, if any, will also be breached. Additionally, if you fail to voluntarily depart the United States within the time period specified, you shall be subject to a civil penalty of not less than \$1000 and not more than \$5000.
- **the term "exceptional circumstances" refers to circumstances such as serious illness of the alien or death of an immediate relative of the alien, but not including less compelling circumstances.

A. THE FORMS OF RELIEF FROM REMOVAL FOR WHICH YOU WILL BECOME INELIGIBLE ARE:

- 1) Voluntary departure as provided for in section 240B of the Immigration and Nationality Act;
- 2) Cancellation of removal as provided for in section 240A of the Immigration and Nationality Act; and
- 3) Adjustment of status or change of status as provided for in Section 245, 248 or 249 of the Immigration and Nationality Act.

This written notice was provided to the alien in English. Oral notice of the contents of this notice must be given to the alien in his/her native language, or in a language he/she understands by the Immigration Judge.

Date: Jul 25, 2019

Immigration Judge: Ta/ber or Court Clerk: _____

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)

TO: [] ALIEN [] ALIEN c/o Custodial Officer [] ALIEN's ATT/REP [] DHS

DATE: 9/12/19 BY: COURT STAFF Ta/ber

Attachments: [] EOIR-33 [] EOIR-28 [] Legal Services List [] Other

N6

Exhibit B

From: [Jesse Rockoff](#)
To: uscis.foia@uscis.dhs.gov; FOIAPAQuestions@uscis.dhs.gov
Cc: [Brooke Menschel](#)
Subject: FW: Track III FOIA request - Hussam RAJAB
Date: Friday, August 16, 2019 11:47:35 AM
Attachments: [CIS FOIA.pdf](#)

Hello – I still have not received any receipt for the below and attached FOIA. Can your office ensure that this FOIA is processed as soon as possible, since Mr. Rajab is detained at government expense? Since this FOIA was submitted on July 25 pursuant to the correct procedure, please also place the FOIA in line according to that date.

Best regards,

Jesse Rockoff

Staff Attorney, Brooklyn Defender Services
156 Pierrepont Street, Brooklyn, NY 11201
Desk: +1 (718) 254-0700 x283
Cell: +1 (347) 675-8841
Fax: +1 (347) 823-1183
E-mail: jrockoff@bds.org

From: Jesse Rockoff
Sent: Thursday, July 25, 2019 6:26 PM
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Best regards,

Jesse Rockoff

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Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

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Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
3.b. ☐ Apt. ☐ Ste. ☐ Flr.
3.c. City or Town
3.d. State 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
5. Mobile Telephone Number (if any)
6. Email Address (if any)
7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
9. Client's Alien Registration Number (A-Number) (if any)

Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

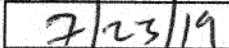
NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☒ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

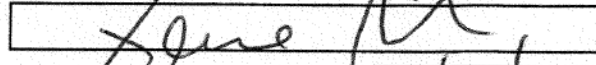
➔ 

- 2.b. Date of Signature (mm/dd/yyyy) 

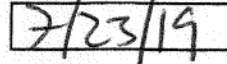
Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

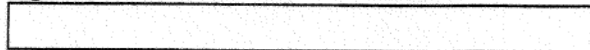
1. a. Signature of Attorney or Accredited Representative



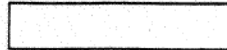
- 1.b. Date of Signature (mm/dd/yyyy)



- 2.a. Signature of Law Student or Law Graduate



- 2.b. Date of Signature (mm/dd/yyyy)





Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-639
OMB No. 1615-0102
Expires 06/30/2022

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.

► **START HERE - Type or print in black ink.**

Part 1. Type of Request

Select **only one** box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)
1.b. ☐ Amendment of Record (PA only)

Part 2. Requestor Information

1. Are you the Subject of Record for this request?
☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, skip to **Part 3.** If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2., Item Numbers 2.a. - 3.c.**

Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

- 2.a. ☒ An Attorney
2.b. ☐ An Accredited Representative of a Qualified Organization
2.c. ☐ A Family Member

Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.

- 3.a. ☐ I am requesting information on behalf of my child or a minor I have guardianship over.
3.b. ☐ I am requesting information on behalf of someone who is deceased.
3.c. ☒ I am requesting information on behalf of someone for whom I have power of attorney.

G-20 Attorney of record

Requestor's Full Name

- 4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

Requestor's Mailing Address

- 5.a. In Care Of Name (if any)
5.b. Street Number and Name
5.c. ☐ Apt. ☐ Ste. ☐ Flr.
5.d. City or Town
5.e. State 5.f. ZIP Code
5.g. Province
5.h. Postal Code
5.i. Country

Requestor's Contact Information

6. Requestor's Daytime Telephone Number
7. Requestor's Mobile Telephone Number (if any)
8. Requestor's Email Address (if any)

Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

- 9.a. Requestor's Signature
9.b. Date of Signature (mm/dd/yyyy)

Part 3. Description of Records Requested

While you are not required to respond to every **Item Number** in **Part 3**, failure to provide complete and specific information may delay processing of your request or prevent U.S. Citizenship and Immigration Services (USCIS) from locating the records or information requested.

1. State the purpose of your request.

NOTE: This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.

See Part 6.

Full Name of the Subject of Record

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

Other Names Used by the Subject of Record (if any)

Provide all other names the Subject of Record has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Full Name of the Subject of Record at Time of Entry into the United States

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name

Other Information About the Subject of Record

- 6.a. Form I-94 Arrival-Departure Record Number
▶
- 6.b. Passport or Travel Document Number
7. Alien Registration Number (A-Number) (if any)
▶ A-
8. USCIS Online Account Number (if any)
▶
9. Application or Petition Receipt Number
▶

Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Member 1

- 10.a. Family Name (Last Name)
- 10.b. Given Name (First Name)
- 10.c. Middle Name
11. Relationship

Family Member 2

- 12.a. Family Name (Last Name)
- 12.b. Given Name (First Name)
- 12.c. Middle Name
13. Relationship

Parents' Names for the Subject of Record**Father**

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 14.c. Middle Name

Part 3. Description of Records Requested
(continued)**Mother**15.a. Family Name (Last Name) 15.b. Given Name (First Name) 15.c. Middle Name 15.d. Maiden Name (if applicable)
16. Describe the records you are seeking. If you need additional space, use the space provided in **Part 6. Additional Information.**See Part 6.**Part 4. Verification of Identity and Subject of Record Consent**Provide the information requested in **Item Numbers 1.a. - 7.** In addition, the Subject of Record **MUST** sign in **Item Numbers 8.a. - 8.c.****Full Name of the Subject of Record**1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name **Other Information for the Subject of Record**2. Date of Birth (mm/dd/yyyy) 3. Country of Birth
Mailing Address for the Subject of Record4.a. In Care Of Name (if any)
4.b. Street Number and Name 4.c. ☐ Apt. ☐ Ste. ☐ Flr. 4.d. City or Town 4.e. State 4.f. ZIP Code 4.g. Province 4.h. Postal Code 4.i. Country
Contact Information for the Subject of Record**NOTE:** Providing this information is optional.5. Daytime Telephone Number
6. Mobile Telephone Number (if any)
7. Email Address (if any)

Part 4. Verification of Identity and Subject of Record Consent (continued)**Signature of the Subject of Record**Select **only one** box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

8.a. ☐ Notarized Affidavit of Identity

IMPORTANT: Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

Signature of Subject of Record_____
Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____
day of _____ in the year _____.

Daytime Telephone Number _____

Signature of Notary_____
My Commission Expires on (mm/dd/yyyy)**8.b. ☒ Declaration Under Penalty of Perjury**

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

Signature of Subject of Record7/23/19

Date of Signature (mm/dd/yyyy)**8.c. ☐ Deceased Subject of Record****Part 5. Processing Information**

1. Indicate if any of these circumstances apply to your request (Select all that apply).

- ☐ Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
- ☐ An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
- ☐ The loss of substantial due process rights.
- ☐ A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

2. Do you have a pending Immigration Court hearing date?

☒ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.

Part 6. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Type or print the Subject of Record's name and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Subject of Record's Family Name (Last Name)

~~FOIA(b)(7)(C)~~ RAJAB

1.b. Subject of Record's Given Name (First Name)

~~FOIA(b)(7)(C)~~ HUSSAM

1.c. Subject of Record's Middle Name

~~FOIA(b)(7)(C)~~ Zuhir

2. Subject of Record's A-Number (if any)

▶ A- 2 0 7 7 8 2 7 8 6

3.a. Page Number 3.b. Part Number 3.c. Item Number

2 3 1

3.d. All records on subject, incl. "A"

file, all emails, worksheets, notes,
database entries, & interview records,
incl. asylum officer notes per the
Martins v USCIS settlement and records
of notes taken during any interview of
subject by any officer of DHS,
including by HSI, & including during
visits to subject's home.

4.a. Page Number 4.b. Part Number 4.c. Item Number

3 3 16

4.d. All records on subject, incl. "A"

file, all emails, worksheets, notes,
database entries, & interview records,
incl. asylum officer notes per the
Martins v USCIS settlement and records
of notes taken during any interview of
subject by any officer of DHS,
including by HSI, & including during
visits to subject's home.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

NOTICE OF HEARING IN REMOVAL PROCEEDINGS
IMMIGRATION COURT
201 VARICK ST., RM 1140
NEW YORK, NY 10014

Handwritten:
\$1000 PI + Bond
30
Applicant
net.

RE: RAJAB, HUSSAM ZUHIR
FILE: A207-782-786

DATE: Jul 25, 2019

TO:

RAJAB, HUSSAM ZUHIR
HUDSON COUNTY JAIL
30-35 HACKENSACK AVENUE
KEARNY, NJ 07032

Please take notice that the above captioned case has been scheduled for a Master/Individual hearing before the Immigration Court on 8/15/19 at 1:30 at

201 VARICK ST., RM 1140
NEW YORK, NY 10014

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions:

- 1) You may be taken into custody by the Department of Homeland Security and held for further action.
- 2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT NEW YORK, NY THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A List of Free Legal Service Providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 OR 240-314-1500.

ALIEN NUMBER: 207-782-786

NAME: RAJAB, HUSSAM ZUHIR

LIMITATIONS ON DISCRETIONARY RELIEF FOR FAILURE TO APPEAR

- () 1. You have been scheduled for a removal hearing, at the time and place set forth on the attached sheet. Failure to appear for this hearing other than because of exceptional circumstances beyond your control** will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. below) for a period of ten (10) years after the date of entry of the final order of removal.
- () 2. You have been scheduled for an asylum hearing, at the time and place set forth on the attached notice. Failure to appear for this hearing other than because of exceptional circumstances beyond your control** will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for a period of ten (10) years from the date of your scheduled hearing.
- () 3. You have been granted voluntary departure from the United States pursuant to section 240B of the Immigration and Nationality Act, and remaining in the United States beyond the authorized date will result in your being found ineligible for certain forms of relief under the Immigration and Nationality Act (see Section A. Below) for ten (10) years from the date of the scheduled departure. Your Voluntary departure bond, if any, will also be breached. Additionally, if you fail to voluntarily depart the United States within the time period specified, you shall be subject to a civil penalty of not less than \$1000 and not more than \$5000.
- **the term "exceptional circumstances" refers to circumstances such as serious illness of the alien or death of an immediate relative of the alien, but not including less compelling circumstances.

A. THE FORMS OF RELIEF FROM REMOVAL FOR WHICH YOU WILL BECOME INELIGIBLE ARE:

- 1) Voluntary departure as provided for in section 240B of the Immigration and Nationality Act;
- 2) Cancellation of removal as provided for in section 240A of the Immigration and Nationality Act; and
- 3) Adjustment of status or change of status as provided for in Section 245, 248 or 249 of the Immigration and Nationality Act.

This written notice was provided to the alien in English. Oral notice of the contents of this notice must be given to the alien in his/her native language, or in a language he/she understands by the Immigration Judge.

Date: Jul 25, 2019

Immigration Judge: Ta/ber or Court Clerk: _____

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)

TO: [] ALIEN [] ALIEN c/o Custodial Officer [] ALIEN's ATT/REP [] DHS

DATE: 9/25/19 BY: COURT STAFF Ta/ber

Attachments: [] EOIR-33 [] EOIR-28 [] Legal Services List [] Other

N6

Exhibit C

From: [FOIAPAQuestions](#)
To: [Jesse Rockoff](#)
Subject: RE: Track III FOIA request - Hussam RAJAB
Date: Monday, August 19, 2019 3:10:23 PM

Per our records, this request was created on August 16, 2019 under NRC2019583769. The acknowledgement letter was printed on this same date and mailed to the address provided to us on the G-639. You should expect to receive said letter in the next 10-12 business days inside the United States, please allow extra time outside the United States. You may wish to continue to check the status of your request by visiting <https://egov.uscis.gov/foiawebstatus/index.jsp#main-content> or <https://first.uscis.gov/#/check-status> and entering your control number.

Thanks,
FOIA, USCIS
A

From: Jesse Rockoff <jrockoff@bds.org>
Sent: Friday, August 16, 2019 10:48 AM
To: FOIA, USCIS <USCIS.FOIA@uscis.dhs.gov>; FOIAPAQuestions <foiapaquestions@uscis.dhs.gov>
Cc: Brooke Menschel <bmenschel@bds.org>
Subject: FW: Track III FOIA request - Hussam RAJAB

Hello – I still have not received any receipt for the below and attached FOIA. Can your office ensure that this FOIA is processed as soon as possible, since Mr. Rajab is detained at government expense? Since this FOIA was submitted on July 25 pursuant to the correct procedure, please also place the FOIA in line according to that date.

Best regards,

Jesse Rockoff
Staff Attorney, Brooklyn Defender Services
156 Pierrepont Street, Brooklyn, NY 11201
Desk: +1 (718) 254-0700 x283
Cell: +1 (347) 675-8841
Fax: +1 (347) 823-1183
E-mail: jrockoff@bds.org

From: Jesse Rockoff
Sent: Thursday, July 25, 2019 6:26 PM
To: uscis.foia@uscis.dhs.gov
Subject: Track III FOIA request - Hussam RAJAB

Please see attached G-28, G-639, and EOIR hearing notice in connection with a Track III FOIA request for Hussam RAJAB, A207-782-786. Please process this request as quickly as possible since Mr. Rajab is detained at government expense.

Best regards,

Jesse Rockoff

Staff Attorney, Brooklyn Defender Services

156 Pierrepont Street, Brooklyn, NY 11201

Desk: +1 (718) 254-0700 x283

Cell: +1 (347) 675-8841

Fax: +1 (347) 823-1183

E-mail: jrockoff@bds.org

This e-mail, and any attachments thereto, is intended only for use by the addressee(s) and may contain legally privileged and/or confidential information. If you are not the intended recipient, please do not disclose, distribute or copy this communication. Please notify the sender that you have received this e-mail in error and delete the original and any copy of the e-mail. Unintended transmission does not constitute waiver of the attorney-client privilege or any other privilege.

Exhibit D

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
National Records Center
P.O. Box 648010
Lee's Summit, MO 64064-8010



U.S. Citizenship
and Immigration
Services

August 16, 2019

Jesse Rockoff
Brooklyn Defender Services
156 Pierrepont Street
Brooklyn, NY 11201

NRC2019583769
PIN: 963982

Dear Jesse Rockoff:

Don't waste time waiting for the US Postal Service to deliver the information you requested. Go online, create an account, register your case using **Control Number: NRC2019583769** and **PIN: 963982** to receive the information electronically! Read the attached yellow flyer for more details.

We received your request for information relating to Hussam Rajab on July 30, 2019.

Your request is being handled under the provisions of the Freedom of Information Act (5 U.S.C. § 552). It has been assigned the following control number: NRC2019583769. Please cite this number in all future correspondence about your request.

We respond to requests on a first-in, first-out basis and on a multi-track system. Your request has been placed in the fast track (Track 3).

Consistent with 6 C.F.R. § 5.5(a) of the Department of Homeland Security (DHS) FOIA regulations, USCIS processes FOIA requests according to their order of receipt. Although USCIS' goal is to respond within 20 business days of receipt of your request, FOIA does permit a 10-day extension of this time period in certain circumstances. Due to the increasing number of FOIA requests received by this office, we may encounter some delay in processing your request. Additionally, due to the scope and nature of your request, USCIS will need to locate, compile, and review responsive records from multiple offices, both at headquarters and in the field. USCIS may also need to consult with another agency or other component of the Department of Homeland Security that have a substantial interest in the responsive information. Due to these unusual circumstances, USCIS will invoke a 10-day extension for your request pursuant to 5 U.S.C. § 552(a)(6)(B). Please contact our office if you would like to limit the scope of your request or to agree on a different timetable for the processing of your request. We will make every effort to comply with your request in a timely manner.

In accordance with Department of Homeland Security Regulations (6 C.F.R. § 5.3(c)), your request is deemed to constitute an agreement to pay any fees that may be chargeable up to \$25.00. Fees may be charged for searching for records sought at the respective clerical, professional, and/or managerial rates of \$4.00/\$7.00/\$10.25 per quarter hour, and for duplication of copies at the rate of \$.10 per copy. The first 100 copies and two hours of search time are not charged, and the remaining combined charges for search and duplication must exceed \$14.00 before we will charge you any fees. Most requests do not require any fees; however, if fees in excess of \$25.00 are required, we will notify you beforehand.

This office now offers an online delivery option. If you would like to receive the requested records online, you will need to register this request at first.uscis.gov. If you do not already have a MyUSCIS account you will be prompted to create one. Once logged on, click the "Register Request" link where you will be asked to enter your control number NRC2019583769 and the following six digit PIN: 963982. If you do not wish to take advantage of this option, we will be providing your records on a Compact Disc (CD) for

NRC2019583769

Page 2

use on your personal computer. To request your responsive records on paper, please include your control number and write to the above address Attention: FOIA/PA Officer, or fax them to (802) 860-6908.

USCIS no longer collects Social Security Numbers in connection with FOIA or PA requests. When forwarding to us any documents related to your request, please ensure any Social Security Numbers on the documents are blanked out or removed.

The National Records Center (NRC) has the responsibility to ensure that personally identifiable information (PII) pertaining to U.S. Citizenship and Immigration Services (USCIS) clients is protected. In our efforts to safeguard this information, we may request that additional information be provided to facilitate and correctly identify records responsive to your request. Though submission of this information is voluntary, without this information, your request may be delayed while additional steps are taken to ensure the correct responsive records are located and processed. Further, if we are unable to positively identify the subject of the record we may be unable to provide records responsive to your FOIA request.

You may check the status of your FOIA request online at www.uscis.gov/FOIA. Click the "Check Status of Request" button in the middle of the web page or "FOIA Request Status Check & Average Processing Times" on the left side under "Freedom of Information and Privacy Act (FOIA)." Then click "FOIA Check Status of Request" at the bottom of the page and follow the instructions given. If you have any questions concerning your pending FOIA/PA request, or to check the status of a pending application or petition, please call The National Customer Service Center at (800) 375-5283. Please be aware that the National Records Center no longer accepts FOIA/PA related questions directly by phone.

All FOIA/PA related requests, including address changes, must be submitted in writing and be signed by the requester. Please include the Control Number listed above on all correspondence with this office. Requests may be mailed to the FOIA/PA Officer at the PO Box listed at the top of the letterhead, emailed to USCIS.FOIA@uscis.dhs.gov, or sent by fax to (802) 860-6908. You may also submit FOIA/PA related questions to our email address at FOIAPAQuestions@uscis.dhs.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jill A. Eggleston".

Jill A. Eggleston
Director, FOIA Operations